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UTILITY PATENT APPLICATION

Attorney Docket No.		. 4
First Inventor	William	Henrs
Title 6-AS	PUMP	HE/PEN
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TRANSMITTAL	Title GAS PUMP ATIPE	
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.	
APPLICATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application	
See MPEP chapter 600 concerning utility patent application contents.	Washington, DC 20231	
Fee Transmittal Form (e.g., PTO/SB/17) Surau on on grad and a duplicate for fee processing.	7. CD-ROM or CD-R in duplicate, large table or O	
2. Applicant claims small entity status. See 37 CFR 1.27.	Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission	
3. Specification [Total Pages] 2	a Computer Readable Form (CRF)	
Descriptive title of the invention Cross Reference to Related Applications	b. Specification Sequence Listing on:	
- Statement Regarding Fed sponsored R & D	i. CD-ROM or CD-R (2 copies); or	
Reference to sequence listing, a table, or a computer program listing appendix	ii. paper	
- Background of the Invention		
- Brief Summary of the Invention	E terms terms in gracinary or above copies	
- Brief Description of the Drawings (if filed)	ACCOMPANYING APPLICATION PARTS	
- Detailed Description - Claim(s)	9. Assignment Papers (cover sheet & document(s))	
- Abstract of the Disclosure	10. 37 CFR 3.73(b) Statement Power of	
4. Drawing(s) (35 U.S.C. 113) [Total Sheets]	11. English Translation Document (if applicable)	
5. Oath or Declaration [Total Pages []	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations	
a. Newly executed (original or copy)	13. Preliminary Amendment	
b. Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)	15. Certified Copy of Priority Document(s) (if foreign priority is dairned)	
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	16. Nonpublication Request under 35 U.S.C. 122	
6. Application Data Sheet. See 37 CFR 1.76	(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
	17. Other:	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:		
Continuation Direction		
Phot application information: Examiner		
For CONTINUATION OF DIVISIONAL ARRESTALL TO		
Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
19. CORRESPONDEN	my summed from the audimitted application parts.	
William Control of the Control of th	CE ADDRESS	
Customer Number or Bar Code Label	Of Correspondence eddress below	
Name William 740	nn	
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City Sac Asomullus S	itate Zip Code 320K	
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Name (Print/Type) William Henry Registration No. (Attorney/Agent)		
Signature 9	7.3-17	

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Complete if Known FEE TRANSMITTAL Application Number for FY 2001 Filing Date First Named Inventor Examiner Name Patent fees are subject to annual revision Group Art Unit TOTAL AMOUNT OF PAYMENT (\$) Attorney Docket No METHOD OF PAYMENT FEE CALCULATION (continued) The Commissioner is hereby authorized to charge 3. ADDITIONAL FEES indicated fees and credit any overpayments to. Large Small Entity Entity Account Fee Description Fee Paid Code (\$) Code (\$) Deposit Account 105 130 205 65 Surcharge - late filing fee or oath Name 127 50 227 Surcharge - late provisional filing fee or cover sheet Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 139 130 139 136 Applicant claims small entity status Non English specification See 37 CFR 1.27 147 2.520 147 2.520 For filing a request for ex parte reexamination Payment Enclosed: 920° 112 920* Requesting publication of SIR prior to Examiner action Credit card Other 113 1.840* 113 1.840* Requesting publication of SIR after **FEE CALCULATION** Examiner action 110 215 55 Extension for reply within first month 1. BASIC FILING FEE 390 216 195 Large Entity Small Entity Extension for reply within second month Fee Fee Fee Fee Fee Description 890 217 445 Extension for reply within third month Code (\$) Code (4) Fee Paid 1.390 218 695 Extension for reply within fourth month 101 710 201 (355) Utility filing fee 206 160 Design filing fee 1.890 228 945 Extension for reply within fifth month 207 245 Plant filing fee 219 155 Notice of Appeal 208 355 Reissue filing fee 310 220 155 Filing a brief in support of an appeal 75 Provisional filing fee 121 270 221 135 Request for oral hearing 138 1,510 138 1,510 Petition to institute a public use proceeding 355.00 SUBTOTAL (1) (\$) 140 110 240 Petition to revive - unavoidable 2. EXTRA CLAIM FEES 1.240 241 620 . Petition to revive - unintentional Extra Claims Fee Pald 142 below 1,240 242 620 Utility issue fee (or reissue) **Total Claims** -20** = X 143 440 243 220 Design issue fee Independent Claims 144 60ú 244 300 Plant issue fee Multiple Dependent 122 130 122 130 Petitions to the Commissioner 123 50 123 50 Processing fee under 37 CFR 1.17(q) Large Entity Small Entity 126 180 126 180 Submission of Information Disclosure Stmt Fee Description Code (\$) Code (\$) Recording each patent assignment per 581 40 581 40 103 18 203 9 Claims in excess of 20 property (times number of properties) 102 80 202 40 Independent claims in excess of 3 Filing a submission after final rejection (37 CFR § 1.129(a)) 146 710 246 355 104 270 204 135 Multiple dependent claim, if not paid For each additional invention to be examined (37.CFR § 1.129(b)) 149 710 249 355 109 80 209 Reissue independent claims 40 over original patent 18 210 710 279 355 * Reissue claims in excess of 20 and over original patent Request for Continued Examination (RCE) 169 Request for expedited examination of a design application (\$) SUBTOTAL (2) Other fee (specify) for number previously paid, if greater, For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) SUBMITTED BY Complete (d appacable Name (Pnnt/Type) Registration No Telephone Signature

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